· 6541

06529
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 24 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 133 Weber St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. Y. COUNTY Onondaga
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Syracuse 69X-3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Nella (Middle) Orcelia (Last) Baker
4. DATE OF DEATH (Month) July (Day) 27 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Mar. 20, 1880	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Home Duties
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unk. Brown
14. MOTHER'S MAIDEN NAME: Hattie Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Joseph M. Thompson 133 Weber St. Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Cerebral hemorrhage
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Harold C. Palmer M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7/28/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	July 30 1954	Woodlawn	Onondaga Co. N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 28-1954	A. L. Lewis M. D.	R. Madison Mitchell	Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
JUL 29 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6558

06530

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground
LENGTH OF STAY (in this place) X 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS USA Hosp. X A.P.G.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace 24
STREET ADDRESS (If rural give location) X 401 S. Union Ave.

3. NAME OF DECEASED: (Type or Print) (First) X PAUL (Middle) (Last) Becker.

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954.

5. SEX: M.

6. COLOR OR RACE: Cau.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3 July 1954.

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 24 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Aberdeen Proving Ground, Md.

12. CITIZEN OF WHAT COUNTRY? X US

13. FATHER'S NAME: Capt. Alvin Becker.

14. MOTHER'S MAIDEN NAME: Mildred Theresa Hines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Hosp. Records, Aberdeen Proving Ground, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Prematurity	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) undetermined cause	16 1/2 hrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 July, 19 54, to 3 July, 19 54, that I last saw the deceased alive on 3 July 19 54, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE Richard A. Lee (Degree or title) M.D. ADDRESS USAH 2151-1, APG Md DATE SIGNED 3 July 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/7/54 NAME OF CEMETERY OR CREMATORY Proving Ground LOCATION (City, town, or county) Aberdeen Proving Ground (State) Md

DATE REC'D BY LOCAL REGISTRAR July 6-1954 REGISTRAR'S SIGNATURE Nellie C. Perry

24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.

20754222291

VS. A15

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06531

6559 CERTIFICATE OF DEATH Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-WHITEFORD
LENGTH OF STAY (in this place) 83 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M.D. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X RURAL - WHITEFORD
STREET ADDRESS (If rural give location) R.D. #2

3. NAME OF DECEASED: (Type or Print) (First) HORATIO (Middle) SEYMOUR (Last) BENNINGTON

4. DATE OF DEATH: (Month) JULY (Day) 25, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 31, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): QUARRY WORKER

10b. KIND OF BUSINESS OR INDUSTRY: SLATE

11. BIRTHPLACE (State or foreign country): HARFORD CO., MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH BENNINGTON

14. MOTHER'S MAIDEN NAME: CORRINE PAVARD

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: ELMER BENNINGTON, WHITEFORD, MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Art. Sclr. C-V Disease DUE TO

(c)

Interval Between Onset And Death

422.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1953, to July 25, 1954, that I last saw the deceased alive on July 16 1954, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE Sanford C. Grant (Degree or title) M.D. ADDRESS Delta Pa. DATE SIGNED 7/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 7-28-54

NAME OF CEMETERY OR CREMATORY SLATEVILLE

LOCATION (City, town, or county) (State) YORK Co., PA.

DATE REC'D BY LOCAL REGISTRAR 7/27/54

REGISTRAR'S SIGNATURE Priscilla Lowood

24. FUNERAL DIRECTOR John H. Harbine ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 30 1954
BUREAU V. S.

6542

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06532

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
LENGTH OF STAY In (in this place) 32 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) R. F. D. # 1

3. NAME OF DECEASED (Type or Print): (First) Kelvin (Middle) Lewis (Last) Bowser
4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1954
5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) N. Born
8. DATE OF BIRTH: 7-8-54
9. AGE last birthday: 2 days. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Bowser
14. MOTHER'S MAIDEN NAME: Mary Tolover
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Father. William Bowser.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Congenital Heart Disease — Interval Between Onset and Death: 2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Autopsy data not complete

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/8/54, 19..... to 7/10/54, 19....., that I last saw the deceased alive on 7/10/54, 19....., and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE: Daniel R. Dolen (Degree or title) M.D. ADDRESS: Havre de Grace DATE SIGNED: 7/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/12/54
NAME OF CEMETERY OR CREMATORY: Union Meth. Cemetery
LOCATION (City, town, or county) (State): Aberdeen md

DATE REC'D BY LOCAL REG.: July 12-54
REGISTRAR'S SIGNATURE: C. L. Lewis M.D.
24. FUNERAL DIRECTOR: John G. Tarring ADDRESS: Aberdeen md.

207-232403

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 14 1934
BUREAU V. S.

6543

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06533

CERTIFICATE OF DEATH

Reg. Dist. No. 185

Item 8 film G168A 8/3/54 cm

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Rt #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Cullan	Bryant	July	23	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widower	3-15-1875	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	Day Laborer	Maryland	U.S.A.

13. FATHER'S NAME: James Bryant
14. MOTHER'S MAIDEN NAME: Melissa Barton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	—	same address. Edna Markee (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Cerebro-vascular accident	17 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	yrs
	(c) Generalized Arteriosclerosis	yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 1953 to July 23, 1954, that I last saw the deceased alive on July 23, 1954, and that death occurred at 5:47 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. J. Hatem	M.D.	17 N. Philips Blvd. Aberdeen, Md	7/28/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 26-1954	Grove Presbyterian Cemetery	Aberdeen Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 24-1954	A. L. Lewis M.D.	John G. Farring	Aberdeen, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 28 1954
BUREAU V. S.

6544 06534

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 185

1. PLACE OF DEATH: Harford COUNTY Maryland MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace

LENGTH OF STAY (in this place) 20 yr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE COUNTY Harford

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Havre de Grace

STREET ADDRESS (If rural, give location) Baker Hotel

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) L (Last) Cain

4. DATE OF DEATH (Month) (Day) (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/14/1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months - Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning House

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Cain

14. MOTHER'S MAIDEN NAME: Agnes Moorewood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. 1

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Raymond Cain, 695 Remington Ave. Trenton, N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arterio-clorotic CV disease

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C. Pollman M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8/5/54

NAME OF CEMETERY OR CREMATORY Baltimore, Md.

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Aug. 3 1954

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR Pennington & Son

ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

6545

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06535

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace | LENGTH OF STAY (in this place) 14 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
STREET ADDRESS (If rural, give location) 634 Ontario St.

3. NAME OF DECEASED (Type or Print): (First) Lucille (Middle) Doris (Last) Cawker.
4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/27/14
9. AGE last birthday: 39 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert Stauffer
14. MOTHER'S MAIDEN NAME: Beulah Bottler.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Stewart Cawker, 634 Ontario

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Peritonitis, generalized — 7 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Broncho-pneumonia, Terminal, Bilateral — 2 days.
(c) Myocardial infarction — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — ?

19a. DATE OF OPERATION: 6/23/54
19b. MAJOR FINDINGS OF OPERATION: Uterine Fibroids & Hydro-salpinx, Bilateral
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/20/54, 19....., to 7/4/54, 19....., that I last saw the deceased alive on 7/4/54, 19....., and that death occurred at 4:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joseph R. McGee M.D. 421 Congress Ave. Havre de Grace, Md. 7-4-54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial
DATE THEREOF: 7/7/54
NAME OF CEMETERY OR CREMATORY: Angel Hill
LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: July 6-1954
REGISTRAR'S SIGNATURE: C. S. Lewis M. D.
24. FUNERAL DIRECTOR: Cunningham & Son
ADDRESS: Havre de Grace Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

C545

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06536

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... is especially important. Physicians: please write the ... of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air
MARYLAND
LENGTH OF STAY (in this place): 34 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.F.D. #2, Bel Air
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Vena (Middle) Jane (Last) Choate

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: Nov 4-1886

9. AGE last birthday: 67 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Laurel Springs N.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Stephen A Taylor

14. MOTHER'S MAIDEN NAME: Sarah J Holbrook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Ray Choate Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval between onset and death: 6 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Hypertensive cardio-vascular disease

(c) Diabetes Mellitus — 12 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Cerebral Thromboses (3 episodes)

19a. DATE OF OPERATION: U

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1942, to July 6, 1954, that I last saw the deceased alive on July 6, 1954, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard P. Henderson M.D. Forest Hill, Md. July 6, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: July 8-1954

NAME OF CEMETERY OR CREMATORY: Mt Zion

LOCATION (City, town, or county) (State): Fountain Green Harford Md

DATE REC'D BY LOCAL REG. 7/7/54

REGISTRAR'S SIGNATURE: Priscilla Fawood

24. FUNERAL DIRECTOR ADDRESS: Joseph Hafer, Bel Air, Md

RECEIVED
JUL 9
BUREAU V. S.

MARYLAND 6560

06537

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 18D

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Camp X — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bata Shoe Co. Reservation

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bel Camp
STREET ADDRESS (If rural, give location) Bata Shoe Co. Reservation

3. NAME OF DECEASED (Type or Print): (First) Lester (Middle) Lee (Last) Church

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 19X

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 14-1922

9. AGE last birthday: 31 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe assembler

10b. KIND OF BUSINESS OR INDUSTRY: Shoe - Bata Co.

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John D. Church

14. MOTHER'S MAIDEN NAME: Jennie Fender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: 215-24-9431

17 INFORMANT AND ADDRESS: Floyd Roup - Sparta, North Carolina

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X Immediate cause (a) Glioblastoma, brain — Interval between onset and death: 2 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 12

19b. MAJOR FINDINGS OF OPERATION: Glio blastoma brain

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 54, to July, 19 54, that I last saw the deceased alive on July 24, 19 54, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ralph Whitener ADDRESS Churchville DATE SIGNED July 26

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 27-1954 — NAME OF CEMETERY OR CREMATORY: Pharon Baptist Cemetery — LOCATION (City, town, or county) (State): Forest Hill Md.

DATE REC'D BY LOCAL REG.: July 27-54 — REGISTRAR'S SIGNATURE: Hilda H. Jarrett, Marie Mouldsdale asst.

24. FUNERAL DIRECTOR: John G. Torring — ADDRESS: Aberdeen Md.

MARGIN RESERVED FOR BINDING

06538

MARYLAND 6561

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in ~~this place~~) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Clemens

4. DATE OF DEATH (Month) July (Day) 2 (Year) 19

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Marriage
8. DATE OF BIRTH Apr 14-1887
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hr Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab. Home
10b. KIND OF BUSINESS OR INDUSTRY Cook
11. BIRTHPLACE (State or foreign country) New York State
12. CITIZEN OF WHAT COUNTRY US

13. FATHER'S NAME John Clemens
14. MOTHER'S MAIDEN NAME Hanna Schriner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. 216-28-5372
17. INFORMANT AND ADDRESS Clark Fitzpatrick Bel Air RD Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) A [illegible]

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....

(c)....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1954, to ....., 19.., that I last saw the deceased alive on [illegible] 27, 1954, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]/54

23. BURIAL, CREMATION [illegible] (Specify) DATE July 26/54
NAME OF CEMETERY OR CREMATORY Bel Air Burial Gardens
LOCATION (City, town, or county) Bel Air Md (State)

DATE REC'D BY LOCAL REG. July 25-54
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Joseph T Foster Bel Air ADDRESS Md

MARGIN RESERVED FOR BINDING

1

C562

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06539

CERTIFICATE OF DEATH

Reg. Dist. No. 12-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL CALVARY — LENGTH OF STAY (in this place) 79
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2 ABERDEEN

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CALVARY
STREET ADDRESS (If rural, give location) RFD #2 ABERDEEN

3. NAME OF DECEASED (Type or Print): (First) ISABELLA (Middle) OLIVER (Last) DICKSON
4. DATE OF DEATH: (Month) JULY (Day) 16 (Year) 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: SEPT 4, 1880
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME MAKER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JAMES WILLIAM OLIVER
14. MOTHER'S MAIDEN NAME: SARAH McCOY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: MRS. LAURENCE MITCHELL, SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

20/X **Immediate cause** (a) PNEUMONIA — 7 DAYS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HODGKINS DISEASE, GENERALIZED — OVER 1 YR.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4 MAY 1953 — 19b. MAJOR FINDINGS OF OPERATION: HODGKINS DISEASE — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 10, 1954, to JULY 16, 1954, that I last saw the deceased alive on JULY 13, 1954 and that death occurred at 8:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Philip W. Newman M.D. — Bel Air Maryland — 16 July 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/19/54 — NAME OF CEMETERY OR CREMATORY St. Mary's cemetery — LOCATION (City, town, or county) (State) Churchton, Maryland

DATE REC'D BY LOCAL REG. July 17-54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR John G. Tarring — ADDRESS Aberdeen Md.

JUL 20 1954
BUREAU V. S

0563 MARYLAND STATE DEPARTMENT OF HEALTH 06540

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural --Bel Air
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-- Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) BERT (Last) EDWARDS

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 12,1884

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Soloman Edwards

14. MOTHER'S MAIDEN NAME: Lucinda Cheek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Pearle Edwards, R# 1, Bel Air, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 8 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis with coronary insufficiency. — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949 to July 12, 1954, that I last saw the deceased alive on July 12, 1954, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard P. Hudson M.D. Forest Hill, Md. 7-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial July 14, 1954 Bel Air Memorial Park Harford Co. Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

July 13, 1954 Priscilla Fowood H. L. Bailey Darlington Md.

RECEIVED
JUL 19 1954
BUREAU V. S.

6564

06541
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman X | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Perryman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Henry (Middle) (Last) Grason (Type or Print)

4. DATE OF DEATH (Month) July (Day) 13th (Year) 1954.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Single	5/24/1899	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Veneer Drawer operator	U.S. Govt. A.P.G.	Unknown	

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unknown.	219-10-26-55	Personal Records A.P.G. Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Second degree burns entire body	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home	21c. (City or town) Perryman	(County) Harford	(State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY July 13 1954 6 P M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Burning trash + fire got out of control + burned victim's clothes		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Donald C Palmer M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7/13/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/17/54	County Home cemetery	Bel Air R.7 Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 17-54	Alma K. Perry	John G. Tarring	Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

JUL 8
BUREAU V. S

6547 **MARYLAND STATE DEPARTMENT OF HEALTH** 06542

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre De Grace — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rt #2 Aberdeen
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Dever (Last) Hopkins
4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 7/13/86
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Library
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William J. Hopkins
14. MOTHER'S MAIDEN NAME: Eda Forsyth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Mrs. Wm. D. Hopkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis cerebral — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia — 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 1954, to 7/27, 1954, that I last saw the deceased alive on 7/27, 1954, and that death occurred at 9:10 P.m., from the causes and on the date stated above.

SIGNATURE: Frank L. Wachsman (Degree or title) M.D. — ADDRESS: Havre de Grace Md — DATE SIGNED: 7/27/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 30, 1954 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: July 27, 1954 — REGISTRAR'S SIGNATURE: [illegible] Lewis M.D. — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: Darlington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 2
REAU V. S.

06543

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0548

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) about 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 325 Ohio Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 325 Ohio Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Catherine (Last) Jackson
4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/11/07
9. AGE last birthday: 47 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Perryman, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Stephen Stansbury
14. MOTHER'S MAIDEN NAME: Florence Stansbury
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 217-05-3219
17. INFORMANT AND ADDRESS: Mr. Harry Jackson, 325 Ohio Street, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) —
(c) Hypertensive - Arteriosclerotic Heart disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28, 1951, to 7/2, 1954, that I last saw the deceased alive on 7/2, 1954, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
George I. Stansbury, M.D. | Havre de Grace, Md. | 7/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | 7/7/54 | St. James Cemetery | Havre de Grace, Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
July 6 1954 | A. L. Lewis M D | Estella J. Bullock | Havre de Grace, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 7 1954
BUREAU U. S

6565 MARYLAND STATE DEPARTMENT OF HEALTH 06544

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Bel Air
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) Frances ~~FANNIE~~ (Middle) Augusta (Last) JONES

4. DATE OF DEATH (Month) July (Day) 19 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widowed
8. DATE OF BIRTH Dec 8-1866
9. AGE last birthday 87 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Harford Co Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Elias Peterson
14. MOTHER'S MAIDEN NAME Julia Cain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Frank Jones Bel Air RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — 48 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr Cardio-VASCULAR RENAL DISEASE ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1942, to July 19, 1954, that I last saw the deceased alive on July 19, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson, M.D. ADDRESS Forest Hill, Md DATE SIGNED 7/21/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 22/54
NAME OF CEMETERY OR CREMATORY St Ignatius
LOCATION (City, town, or county) (State) Hickory, Harford, Md

DATE REC'D BY LOCAL REG. 7/21/54
REGISTRAR'S SIGNATURE Emilia Fowood
24. FUNERAL DIRECTOR Joseph T Foster Bel Air Md ADDRESS

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1927
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06545

6566

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Del Air R.D. ✓

LENGTH OF STAY (in this place): 5 mos.,

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fallston

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) MICHAEL (Middle) R. (Last) KELLY

4. DATE OF DEATH: (Month) July, (Day) 26 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July, 12, 1865

9. AGE last birthday: 89 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Boiler Factory

11. BIRTHPLACE (State or foreign country): Fallston, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Kelly

14. MOTHER'S MAIDEN NAME: Matilda Kearney

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Andrew Kelly, Fallston, Md.,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chr. Cardio-vascular disease with hypertension — ?/

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 19 54, to July 26, 19 54, that I last saw the deceased alive on July 20, 1954., and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudgins M.D. — ADDRESS Forest Hill, Md. — DATE SIGNED 7-27-54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF July, 29, 1954 — NAME OF CEMETERY OR CREMATORY St. John's — LOCATION (City, town, or county) Long Green, Balto., (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/30/54 — REGISTRAR'S SIGNATURE Priscilla Fawood

24. FUNERAL DIRECTOR Howard K. Mc Comas & Son, Abingdon, Md. — ADDRESS

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06546

6549

CERTIFICATE OF DEATH

Reg. Dist. No. 65

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (In this place) 20 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmorton
STREET ADDRESS (If rural, give location) Wheel Road

3. NAME OF DECEASED (Type or Print) (First) Dorothy (Middle) Louise (Last) Leonard
4. DATE OF DEATH (Month) July (Day) 20 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH 6-23-21
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lloyd Rice
14. MOTHER'S MAIDEN NAME Hattie Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Franklin a Leonard Edgewood, Md. Box 419

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma of lung & liver — INTERVAL BETWEEN ONSET AND DEATH 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 1953
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to July 20, 1954, that I last saw the deceased alive on July 19, 1954, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Malcolm Dudley Phillips ADDRESS Darlington Md DATE SIGNED 7/20/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 22, 1954 NAME OF CEMETERY OR CREMATORY Highland Cem. LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. July 21, 1954 REGISTRAR'S SIGNATURE A. L. Lewis M.D. 24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL
BUREAU U. S.

C567

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06547

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location) Havre de Grace RD Md

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) Nelson (Last) MITCHELL

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 22, 1892

9. AGE Last birthday: 61 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Washington Co. Va

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas A Mitchell

14. MOTHER'S MAIDEN NAME: Martha A Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Carrie H Mitchell Havre de Grace Md RD 6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA (BRONCHOGENIC) OF LUNG — INTERVAL BETWEEN ONSET AND DEATH: 18 mos?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: Dec 1953

19b. MAJOR FINDINGS OF OPERATION: Inoperable Ca of rt lung

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1953, to July 20, 1954, that I last saw the deceased alive on July 18, 1954, and that death occurred at 2:00 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson, M.D. ADDRESS Forest Hill, Md DATE SIGNED 7/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 22/54 — NAME OF CEMETERY OR CREMATORY: Deer Creek Methodist — LOCATION (City, town, or county) (State): Chestnut Hill, Harford Md

DATE REC'D BY LOCAL REG. 7-21-54 — REGISTRAR'S SIGNATURE: Priscilla Fawood

24. FUNERAL DIRECTOR — ADDRESS: Joseph T Lutz Bel Air Md

JUL 23
BUREAU V. S.

Items 89 film C162a 6/13/54

06548

MARYLAND

6568

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural/Forest Hill — LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY Gloster
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbury
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) (Last) Monahon

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH (Month, Day, Year): Dec. 21, 1888

9. AGE last birthday: 6965 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Swedesboro, New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Agustus Jacobs

14. MOTHER'S MAIDEN NAME: Barbara Buck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lewis Jacobs, Forest Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS — Interval between onset and death: 10 mins.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) CONGESTIVE HEART FAILURE — 3 mos

(c) ARTERIOSCLEROSIS — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS — 15 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible] that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 11:30 P. m., from the causes and on the date stated above.

NEVER ATTENDED DECEASED.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

J. James Thomson Jr. M.D. — Barnettsville Ind — 7/13/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7-16-54 — NAME OF CEMETERY OR CREMATORY: St Joseph's — LOCATION (City, town, or county) (State): Swedesboro, New Jersey

DATE REC'D BY LOCAL REG. 7/14/54 — REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR — ADDRESS

Wadsworth & Cline

corrected 7/16

RECEIVED
JUL 19
BUREAU V. S.

6550 **MARYLAND STATE DEPARTMENT OF HEALTH** 06549

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace / LENGTH OF STAY (in this place) 42 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace " "
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial	STREET ADDRESS (If rural, give location) 406 N. Stokes St.

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) (Last) Moretti

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1954

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 1/9/1885 | 9. AGE last birthday 69 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker | 10b. KIND OF BUSINESS OR INDUSTRY Self Employed | 11. BIRTHPLACE (State or foreign country) Italy | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Augusta Moretti | 14. MOTHER'S MAIDEN NAME Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT AND ADDRESS Mrs. Ernest Moretti, Havre de Grace, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion, massive	1/4 HR.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Colon	2 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION 7-15-54 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of descending colon | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-14, 1954, to 7-17, 1954 that I last saw the deceased alive on 7-17, 1954, and that death occurred at 1:10a m., from the causes and on the date stated above.

SIGNATURE Joseph R. Dolce (Degree or title) M.D. ADDRESS 421 Congress Ave. Havre de Grace. DATE SIGNED 7-17-54.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/19/54 | NAME OF CEMETERY OR CREMATORY Md-Erin | LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. July 19-1954 | REGISTRAR'S SIGNATURE A. L. Lewis M.D. | 24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 21 19
BUREAU

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6551

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

Item 8 film G168A 8/10/54 cm

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) R.D # 2

3. NAME OF DECEASED (Type or Print): (First) James (Middle) H. (Last) Moulsdale

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-15-1877

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harold Moulsdale

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Harold Moulsdale (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-pneumonia — Interval between onset and death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic - C-V Disease — 12 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Duodenal Ulcer — 6 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 19 44, to July, 19 54, that I last saw the deceased alive on July 30, 19 54, and that death occurred at 2:55 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Ralph Hosky M.D. ADDRESS Churchville DATE SIGNED July 31

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 2-1954 — NAME OF CEMETERY OR CREMATORY: Baker's Burial Park — LOCATION (City, town, or county) (State): Aberdeen Md.

DATE REC'D BY LOCAL REG.: Aug 1-1954 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: John G. Torrey — ADDRESS: Aberdeen Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 3
BUREAU V

06551

MARYLAND .6552

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH- COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location) 202 S Main St

3. NAME OF DECEASED (Type or Print) (First) Hall (Middle) Lee (Last) Munnikhuysen
4. DATE OF DEATH (Month) July (Day) 23 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Novio- 1875
9. AGE last birthday 78 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank
10b. KIND OF BUSINESS OR INDUSTRY Teller
11. BIRTHPLACE (State or foreign country) Harford
12. CITIZEN OF WHAT COUNTRY US

13. FATHER'S NAME Wm Munnikhuysen
14. MOTHER'S MAIDEN NAME Louise Wyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Virginia Reid Munnikhuysen Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARDIO-RESPIRATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH 24 HOURS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CARCINOMA OF LEFT KIDNEY WITH METASTASES — @ 3 MONTHS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1954, to 23 JULY, 1954, that I last saw the deceased alive on 22 JULY, 1954, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

SIGNATURE H. P. Sadwell (Degree or title) M.D. ADDRESS Bel Air DATE SIGNED 23 July 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 24/54
NAME OF CEMETERY OR CREMATORY Rock Spring Episcopal
LOCATION (City, town, or county) Forest Hill Harford (State) Md

DATE REC'D BY LOCAL REG. 7/24/54
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Jos T Foster Bel Air ADDRESS Md

MARGIN RESERVED FOR BINDING

I

RECEIVED
JUL 27 1954
BUREAU V. S.

6569

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06552

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Fallston | LENGTH OF STAY IN THIS PLACE Entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Harford COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-- Fallston
STREET ADDRESS (If rural, give location) Nr. Rutledge

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) E. (Last) Norris
4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.
8. DATE OF BIRTH: Jan. 7, 1883
9. AGE last birthday: 71 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired--Co. Roads
10b. KIND OF BUSINESS OR INDUSTRY: Foreman-County roads
11. BIRTHPLACE (State or foreign country): Delta, Pa.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph Norris
14. MOTHER'S MAIDEN NAME: Viola Gibney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-14-4857
17. INFORMANT AND ADDRESS: Mrs. Edward Kerr, Fallston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis--	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Hypertensive Cardio-vascular Disease	15 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes .. No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1940, to July 18, 1954, that I last saw the deceased alive on July 14, 1954, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Willard P. Hudson M.D. Forest Hill, Md. 7-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: July 21, 1954
NAME OF CEMETERY OR CREMATORY: Good Will
LOCATION (City, town, or county) (State): Rutledge, Harford Co. Md.

DATE REC'D BY LOCAL REG. 7/20/54
REGISTRAR'S SIGNATURE: Priscilla Fowood
24. FUNERAL DIRECTOR: Martin D. Kurtz, ADDRESS: Jarrettsville, Md.

RECEIVED
JUL 23 1954
BUREAU V. S

6570

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06553 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rutledge (Rural) LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rutledge
STREET ADDRESS (If rural, give location) Fallston R.D.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Peter (Last) Reed
4. DATE OF DEATH (Month) July (Day) 29 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 22-1890
9. AGE last birthday: 63 yrs — IF UNDER 1 YEAR: Months 10, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: OWNER & Manager
11. BIRTHPLACE (State or foreign country): Floyd co. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Reed.
14. MOTHER'S MAIDEN NAME: Martha Booth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 215-24-7002
17. INFORMANT & ADDRESS: Flora G. Reed Fallston Md. Harford co

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Coronary occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11 3 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Aug 2-54
NAME OF CEMETERY OR CREMATORY Church of the Brethern
LOCATION (City, town, or county) Long green (State) Balto co. Md.
DATE REC'D BY LOCAL REG. 1/31/54
REGISTRAR'S SIGNATURE Priscilla Frowood
24. FUNERAL DIRECTOR, ADDRESS [signature]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

G 3 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06554

6571

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - Bel Air
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Almshouse

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre De Grace
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) BRIDGES ~~RUSSELL~~ Russell

4. DATE OF DEATH: (Month) (Day) (Year) July 22 1954

5. SEX: Male
6. COLOR OR RACE: Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 29, 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Connecticut
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm Russell
14. MOTHER'S MAIDEN NAME: Sarah Mason

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-01-5714
17. INFORMANT & ADDRESS: Clark Fitzpatrick Supt. Co. Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Larynx — Interval Between Onset And Death 3 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: Sept 1953
19b. MAJOR FINDINGS OF OPERATION Ca of larynx - inoperable - Tracheotomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1953, to July 22, 1954, that I last saw the deceased alive on July 12, 1954 and that death occurred at 10:30 P., from the causes and on the date stated above.

SIGNATURE Willard P. Hudson (Degree or title) M.D. ADDRESS Forest Hill Md DATE SIGNED 7/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 24/54
NAME OF CEMETERY OR CREMATORY Bel Air Burial Gardens
LOCATION (City, town, or county) Bel Air Md (State)

DATE REC'D BY LOCAL REGISTRAR 7/24/54
REGISTRAR'S SIGNATURE Priscilla Forward
24. FUNERAL DIRECTOR Joseph T Tinto ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1954
BUREAU V. S.

6572 **MARYLAND STATE DEPARTMENT OF HEALTH** 06555

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JARRETTSVILLE
LENGTH OF STAY (in this place) 10 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JARRETTSVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) JOSHUA (Last) RUTLEDGE

4. DATE OF DEATH (Month) JULY (Day) 7 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH OCT 29, 1873

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIAM S. RUTLEDGE

14. MOTHER'S MAIDEN NAME CATHERINE HOPE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS MRS HELEN COOPER, DAUGHTER JARRETTSVILLE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) UNCONTROLLED URINARY TRACT HEMORRAGE	12
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA PROSTATE WITH METASTSES TO BLADDER AND KIDNEY	2 YEARS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5 AUG 1952

19b. MAJOR FINDINGS OF OPERATION CA PROSTATE

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1954, to 7 JULY 1954 that I last saw the deceased alive on 6 JULY, 1954, and that death occurred at 6:00A m., from the causes and on the date stated above.

SIGNATURE Philip W. Heuman (Degree or title) M.D. ADDRESS 307 HICKORY AVE, BEL AIR, Md DATE SIGNED 7 JULY '54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 9th 54 NAME OF CEMETERY OR CREMATORY Bethel LOCATION (City, town, or county) Madonna, Harford (State) Md

DATE REC'D BY LOCAL REG. 9/8/54 REGISTRAR'S SIGNATURE Emilia Forwood

24. FUNERAL DIRECTOR Martin G. Knott Jarrettsville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1954
BUREAU V. S.

Item 18 Film G169 8-27-54 ams

6573

06556
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BLACK HORSE, R.D. 1
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WHITE HALL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN BLACK HORSE
STREET ADDRESS (If rural, give location) WHITE HALL, R.D. 1

3. NAME OF DECEASED: (Type or Print) (First) MILLARD (Middle) SPENCER (Last) SAUNDERS
4. DATE OF DEATH (Month) July (Day) 29 (Year) 19 54

5. SEX: MALE
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 30 1921
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Harford Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Saunders
14. MOTHER'S MAIDEN NAME: Leona Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Alma Saunders White Hall Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial insufficiency
DUE TO
Antecedent cause(s) (b) Cardiac failure
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Early myocardial infarct

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William Spencer M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED July 29, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 1 1954
NAME OF CEMETERY OR CREMATORY Mt Joy
LOCATION (City, town, or county) Monkton (State) Md

DATE REC'D BY LOCAL REG. 7-29-54
REGISTRAR'S SIGNATURE [illegible] Deputy
24. FUNERAL DIRECTOR Charles E. Kurtz
ADDRESS Jarrettsville Md.

ik

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

Item 18 Film G168A 8-11-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 0655?

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Aberdeen | LENGTH OF STAY (in this place) DOA.
HOSPITAL OR INSTITUTION OR STREET ADDRESS APG Station Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY [redacted]
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 21 md.
STREET ADDRESS (If rural, give location) 1601 Gail Road.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cheryl	Kay	Scherbenske	July	31	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	June 22-1954	6 weeks				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Infant	Infant	Maryland	USA.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles J. Scherbenske	Dorothy Heidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Chas J. Scherbenske - Balto md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) not known DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [redacted] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-11-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 3-1954	Post cemetery	Aberdeen md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 3-54	Nellie K. Perry	John G. Darrin	Aberdeen md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

AUG

06558

6554 **MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY in this place 2 m. 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 733 Warren St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware; COUNTY New Castle; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elsmere; STREET ADDRESS (If rural, give location) 205 Mansion Road.

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) A. (Last) Spragg, Jr.

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7-14-1892

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Floor Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Clothing Store

11. BIRTHPLACE (State or foreign country): Wilmington Delaware

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John T. Spragg

14. MOTHER'S MAIDEN NAME: Catherine C. Meany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1st W.W.

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: J. Alfred Spragg, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary arteriosclerosis	5 yrs (?)
	(c) Generalized arteriosclerosis	yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 54, to July 27, 19 54, that I last saw the deceased alive on July 25, 19 54, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frederick J. Hatem M.D. ADDRESS: Aberdeen Md. DATE SIGNED: 7/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 7/29/54; NAME OF CEMETERY OR CREMATORY: Cathedral; LOCATION (City, town, or county) (State): Wilmington, Delaware

DATE REC'D BY LOCAL REG.: July 27-1954; REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: Remington & Son ADDRESS: Havre de Grace, Md

0574 **MARYLAND STATE DEPARTMENT OF HEALTH** 06559

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct is specially important. Physicians: plete the uses of death clearly d legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
LENGTH OF STAY (in this place) 2½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Taylor

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1954

5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Feb. 11, 1873 | 9. AGE last birthday 81 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME Wilson Taylor | 14. MOTHER'S MAIDEN NAME Clara Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Alms House records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arterio-Schlerosis	7
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 19.51, to June 30, 19.54, that I last saw the deceased alive on June 30, 19.54, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Willard P. Hudson M.D | Forest Hill, Md. | July 1, '54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/2/54 | NAME OF CEMETERY OR CREMATORY County Home | LOCATION (City, town, or county) (State) Fallston - Md

DATE REC'D BY LOCAL REG. 9/1/54 | REGISTRAR'S SIGNATURE Priscilla Fawcett | 24. FUNERAL DIRECTOR Joseph T. Foster | ADDRESS Bel Air Md

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6555

CERTIFICATE OF DEATH

Reg. Dist. No. 06560 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 175 Darlington Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
STREET ADDRESS (If rural give location) 175 Darlington Ave

3. NAME OF DECEASED: (Type or Print) (First) Luther (Middle) Carlton (Last) Thornhill

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3-3-1905

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Mathematician

10b. KIND OF BUSINESS OR INDUSTRY: U S Proveing Grd.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Aubrey Thornhill

14. MOTHER'S MAIDEN NAME: Annie Carlton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 716-16-8724

17. INFORMANT & ADDRESS: 175 darlington, Ave Mary Thornhill, Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Pulmonary Oedema — Interval Between Onset And Death 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Coronary Thrombosis — 1 day

(c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1954, to July 27, 1954, that I last saw the deceased alive on July 27, 1954, and that death occurred at 6 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Walbert M.D. ADDRESS Havre de Grace Md DATE SIGNED July 27, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-30-1954 NAME OF CEMETERY OR CREMATORY Angel Hill LOCATION (City, town, or county) (State) Havre De Grace, Md.

DATE REC'D BY LOCAL REGISTRAR July 28-1954 REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR Lewis Patterson & Son, ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
20 1954
BUREAU V. S.

6575

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06561

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville | LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Keziah	Amanda	Waltman	July,	7	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	June 16 1874	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	none	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Kerr	Rebecca Peirce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Clarence Waltman, Churchville, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Mesenteric Thrombosis	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular Disease	8 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept., 19 52, to July 7, 19 54, that I last saw the deceased alive on July 6, 19 54, and that death occurred at 2:20a m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. Ralph Hurley M.D.	Churchville Md	July 7,

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 10, 1954	Trinity Lutheran	Joppa, Harford, Md.

DATE RECD. BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7/13/54	Priscilla Fawood	Howard K. McComas & Son, Abingdon, Md.,

RECEIVED
JUL 15 1954
BUREAU V. S.

C556

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06562

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location) RD #1

3. NAME OF DECEASED (Type or Print): (First) Ronald (Middle) Bruce (Last) Webb
4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 12 1954
9. AGE last birthday: — yrs. If under 1 year: Months — Days 1 If under 24 hrs.: Hours — Min. 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Linkous Webb
14. MOTHER'S MAIDEN NAME: Mary Ellen Robbinette
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: mother - Mary Webb - RFD #1 Bel Air, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Septicemia — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13 1954, to July 13, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Willard P. Hudson M.D. Forest Hill Md 7/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-15-54
NAME OF CEMETERY OR CREMATORY: (Mt Zion)
LOCATION (City, town, or county): Trinity Harford Co.
(State): Md.

DATE REC'D BY LOCAL REG.: July 15-1954
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
24. FUNERAL DIRECTOR: Joseph J. Foster
ADDRESS: Bel Air, Md.

VS. A15

JUL 16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06563

6557

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen 31
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital X Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen 31
STREET ADDRESS (If rural give location) 184 Darlington Ave

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) E (Last) Wilcox

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 30, 1920
9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Hawaii
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Peterson
14. MOTHER'S MAIDEN NAME: Mary Kalu

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Lt Forest Wilcox 184 Darlington Ave., Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

171X

Immediate cause (a) Shock, surgical, irreversible

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Total hysterectomy

~~DUE TO~~ Done for (c) Carcinoma in situ of Cervix

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 20 July 54
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 June, 1954, to 20 July, 1954, that I last saw the deceased alive on 20 July 1954, and that death occurred at 1230 hrs, from the causes and on the date stated above.

SIGNATURE James W. Thompson (Degree or title) Capt MC ADDRESS 2151-1 ASU USAH APG Md. DATE SIGNED 20 July 54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF July 21-1954
NAME OF CEMETERY OR CREMATORY Smethport cemetery
LOCATION (City, town, or county) (State) Smethport, Penna

DATE REC'D BY LOCAL REGISTRAR July 21-54
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR John G. Farring ADDRESS Aberdeen, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06564

6576 **CERTIFICATE OF DEATH** Reg. Dist. No. 182

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - WHITEFORD X
LENGTH OF STAY (in this place) 60 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - WHITEFORD X
STREET ADDRESS (If rural give location) R. D. #1

3. NAME OF DECEASED: (Type or Print) (First) ELLEN (Middle) ANN (Last) WILLIAMS
4. DATE OF DEATH: (Month) JULY (Day) 4, (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: JULY 21, 1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): YORK CO., PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN W. JONES
14. MOTHER'S MAIDEN NAME: ELLEN WILLIAMS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: J. HOWELL WILLIAMS, WHITEFORD, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Cerebral Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio sclerotic C-V Disease
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to July 4, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 3:30 pm DST from the causes and on the date stated above.
SIGNATURE (Degree or title) Josiah A. Hunt M.D. ADDRESS Delta, Pa. DATE SIGNED 7/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 7-8-54
NAME OF CEMETERY OR CREMATORY SLATEVILLE
LOCATION (City, town, or county) YORK CO. (State) PA.
DATE REC'D BY LOCAL REGISTRAR 7/7/54
REGISTRAR'S SIGNATURE Priscilla Louvord
24. FUNERAL DIRECTOR John H. Harkins, ADDRESS Delta, Pa.

RECEIVED
JUL 12 1954
BUREAU V. S.